

Non-State Capital Outlay Training Manual

Chapter 3: Completing the eCORTS Form

This chapter is intended to be a quick reference for completion of eCORTS forms. This information can also be found in the eCORTS instructions.

Add New Project

All fields in this form are required unless otherwise noted below. Please do not complete request in all CAPITAL letters.

Project Title

The project title should be a brief description of the project showing location of the project and can end with descriptive words such as Planning, Construction, Equipment, Acquisition, Land Acquisition, etc. An example would be: Widening of 123 Highway in Smithville, Planning, Construction, and Acquisition. Another example is: Multipurpose Center in Smithville, Planning and Construction. For all requests except those that are for Statewide Programs such as Statewide Major Repairs, Statewide ADA, etc. please make your requests specific to one project.

Location

The Location is the village, town, city, regional area or nearest intersection in which the project will occur.

Project Classification

Please select a project class that gives a reasonable estimate of when the project is needed. Only one classification can be selected. If another classification is selected, the currently selected classification is unselected. It is a required field, so you cannot un-select all three.

Emergency Project: A capital outlay project can be classified as an "emergency" if it is essential to alleviate conditions that are hazardous to life or property and court mandates. Examples include extensive roof leaks, structural defects, code violations, accreditation, asbestos/hazardous materials abatement, and extensive breakdown of HVAC systems.

Current Program Requirements: Projects that would allow an agency to bring its facilities up to program standards set by national or regional accrediting associations. Also, changes necessary to improve the functioning of a program. This would include measures to rectify for program achievement. It would also include provisions for major alterations to meet or maintain current program requirements. Examples include the addition of a new program, and changes or relocation of an existing program.

Anticipated Program Needs: Projects anticipated on the basis of increased enrollments, additional service, obsolescence of existing facilities, and changing an agency's role, scope or mission. Examples include the addition of a new program, changes or relocation of an existing program.

Applicant

Department: The Department field is automatically populated based on info provided in your USER ID request.

Agency: Choose the appropriate agency from the drop-down list.

Parish: Choose one or more parishes in the array of 10 drop-down lists. At least one must be selected. Based on your parish selection, the legislator district codes will only appear for the parishes selected. Choose the correct Senator (http://senate.legis.state.la.us/Senators/ByDistrict.asp) or Representative (http://house.louisiana.gov/H_Reps/H_Reps_ByDistrict.asp) in the legislative district in which the project

will occur. Failure to properly identify the correct elected official could result in a delay in review of your submittal. "Statewide" is an option and can be selected at the bottom of the parish list.

House & Senate District: Please enter the district number of a legislator who represents the parish in which the project is located. If you selected "Statewide" or "Multi-Parish" for parish, you will not enter Senate or House Districts.

Local/Agency

The contact information is very important. This information will be used to contact your entity should there be questions. Please provide accurate, up-to-date, contact information for the entity in the below fields. Please do not use the consulting firm's information as the contact information for the project.

User: User is the name of the agency. This field accepts only 20 characters. You may have to abbreviate. Please do not use any other name but the name of the entity requesting funding.

Contact: Enter the name of someone at the agency, who can be contacted with questions, or for more information. Please do not use the name of a consultant. Contact information needs to be an employee with the agency.

Address: Enter the address of the entity.

Project Address: Enter the address of the actual project or the nearest intersection.

City/State/Zip: Although these fields are self-explanatory, you may notice that the State field requires two characters conforming to the USPS state code convention. Any lower case letters will be converted automatically to upper case. The Zip Code field will accept either 5 or 9-digit zip codes and will automatically covert 9-digit entries to xxxxx-xxxx format.

Phone/Fax: The Phone field requires a 10-digit phone number (xxx-xxx-xxxx). It is not necessary to enter the dashes as the field will be automatically formatted. The Fax field is not required but it is highly requested that a fax number be provided.

Applicant Mailing Address

Please populate all fields: Facility, Address, City/State/Zip, Phone/Fax and Email. Facility name is the name of the entity requesting the funds.

Save New Project

After the field blanks on page 1 are filled in, press the SAVE NEW PROJECT button. If any information in required fields is left unfilled, or any invalid data was entered, you will see an error message. Go back and make corrections as indicated by the error message and then click SAVE NEW PROJECT. After a successful save of the first page, the project will be assigned a Project ID number and then loaded into Page 1. At this point, additional data can be entered on page 1, or you can navigate to other pages. You may wish to note the Project ID number displayed in the window header.

After filling out the first page, the request is not considered finished and is not yet submitted. Please open all the pages of the request and fill out the request in its entirety, perform the check for errors function, and electronically submit by selecting the appropriate button after successful error check.

Select Prior Year Projects

The Select Prior Year Projects allows the user to copy a project from a previous year forward to edit. This keeps the user from entering the same request from year to year if resubmission is necessary. To perform the function, log into eCORTS and click "Select Prior Year Projects."

In the Select Prior Year Projects section, select the year the request was submitted from the years listed under "Choose a Prior Fiscal Year." After you have done that, the list of project titles will appear from that year. Click on the title of the project to copy forward to the current year. A confirmation box will appear asking if you are sure you would like to copy project from a previous year to the current year, click "Copy Project."

You have copied that project forward. It is not submitted yet, just copied to the current year for you to edit. When you are finished copying projects and would like to return to the active year to edit the projects you copied forward, click "Return to Active Year." You will be directed back to the current year. The projects you copied will be there to click on to edit. Be sure to update the information, if applicable.

Check Project for Errors

Purpose

This Page is designed to allow you to analyze the entries that you have made into this application. Each project must be analyzed separately before it can be moved up to a higher stage.

There is a checkbox next to every page that is required for the selected project. Click the checkbox next to each page that you want to check for errors, then click the "Check for Errors" button. If you want to check all pages, click on the "check all" link. Clicking on the "uncheck all" link will uncheck all checkboxes.

Checking

If any errors are present, a list will appear on the screen with a corresponding page number to the left, indicating the page on which the error can be found. Click on the page number to display the page. Correct the error and click SAVE. Then press ALT + TAB on your keyboard to return to the list of errors. To generate a new error list, click "Check for Errors" again.

Printing

If you want to print the list of errors, you use the browser's menu. Click on File, then Print.

Close Window

When you are finished checking the project for errors, you can click on "Close Window". This will not exit the application, or log you off.

Print Requests

Once the first page of the request has been filled out and saved in eCORTS, you may print the project at any point while filling out the request. Once you have submitted the request electronically, the request can still be retrieved to view and print only in the "View Projects to Print" section. When the project is error free, submit the request electronically. **Do not mail paper copies of the request**.

Your computer must have Adobe Acrobat to print the request. There is a link to a free download for Adobe Acrobat on the eCORTS Home Page at http://www.doa.la.gov/ecorts/.

Submit Requests

The link to submit electronically will appear on the project's main menu screen where all the page numbers are listed for that project on the lower right side of the menu. The link to submit electronically will not appear for you to click on UNTIL the request is ERROR FREE. If this link has not appeared, you need to run the Check for Errors. If the link is on your menu screen, that means your project is error free. Click this button to submit electronically when you are finished with the request. Please do this promptly after you finish. Once your project has been submitted, it will not be listed in eCORTS to edit.

Project Title

The project title should be a brief description of the project showing location of the project and can end with descriptive words such as Planning, Construction, Equipment, Acquisition, Land Acquisition, etc. An example would be: Widening of 123 Highway in Smithville, Planning, Construction, and Acquisition.

Another example is: Multipurpose Center in Smithville, Planning and Construction.

Location

The Location is the city in which the project will occur. This field only holds 15 characters, so choose them wisely.

Project Class

Emergency: A capital outlay project can be classified as an "emergency" if it is essential to alleviate conditions that are hazardous to life or property. Examples include extensive roof leaks, structural defects, code violations, accreditation, asbestos/hazardous materials abatement, and extensive breakdown of HVAC systems.

Current Program Requirements: Projects that would allow an agency to bring its facilities up to program standards set by national or regional accrediting associations. Also, changes necessary to improve the functioning of a program. This would include measures to rectify for program achievement. It would also include provisions for major alterations to meet or maintain current program requirements. Examples include the addition of a new program, and changes or relocation of an existing program.

Anticipated Program Needs: Projects anticipated on the basis of increased enrollments, additional service, obsolescence of existing facilities, and changing an agency's role, scope or mission. Examples include the addition of a new program, changes or relocation of an existing program.

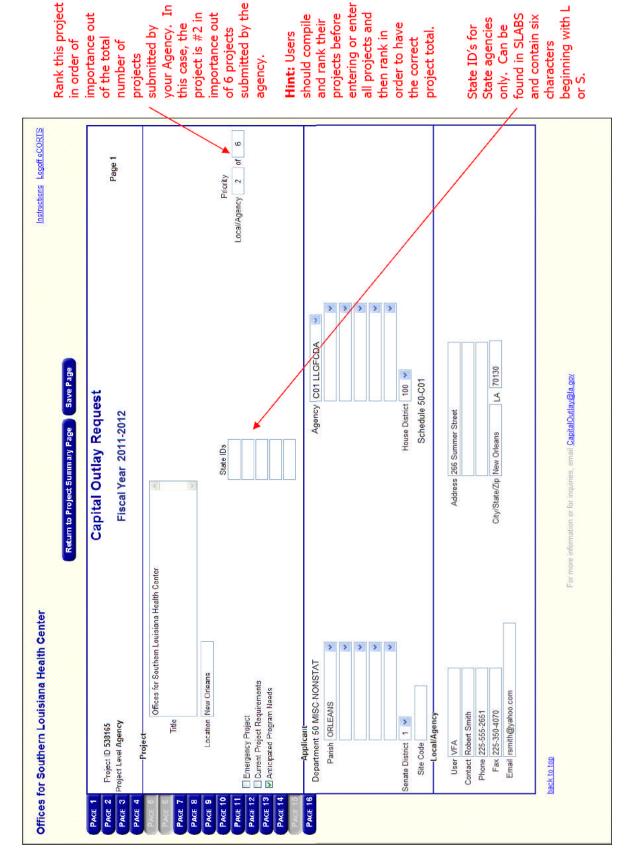
These radio buttons are mutually exclusive, i.e., when one is clicked another will be un-clicked, so that only one is selected at a time. It is a required field, so you cannot un-select all three. At least one must be selected.

Priority Number

A priority number is to be assigned to each new project request in keeping with the relative importance to the achievement of overall department goals. Prioritize your requests by number. For example, if you have 3 requests, one will be 1 of 3, two will be 2 of 3, and three will be 3 of 3. Indicate the priority in the "Local/Agency" field in the Project section of Page 1. If your entity is only submitting one request, the priority will be 1 of 1.

Site Code / State ID

Site Code and State ID numbers have been assigned to all existing state facilities, and can be found in your SLABS (State Land and Buildings) report or your Asbestos Management Plan. These fields contain six (6) characters. Proper format for a State ID is a letter, either "L" or "S", and a five-digit number.



Order of Completing Capital Outlay Request

Information on the estimated project as a whole is entered on computer page 2. The total under cost estimates should equal the total Proposed New Funding on computer page 3. Also, the construction estimate furnished on computer page 2 should match the Total Construction Cost at the bottom of computer page 11. We recommend that your agency complete computer pages 9, 11, and 12 before completing computer pages 2 and 3. The information for construction costs, equipment costs, and facility requirements is completed on computer pages 9, 11, and 12 and will need to be transferred or duplicated in the fields on page 2 in construction and equipment costs. On page 3, the amount requested is entered, and after having completed the computer pages 9, 11, and 12, the amount you need to request and the amount you have as a match, if any, need to match the amount estimated for the project on computer page 2. It is recommended that you print out the request after you have completed computer page 1, and use that to organize your project costs so you'll have the information you need to enter into eCORTS on those pages.

Planning/Misc Cost:

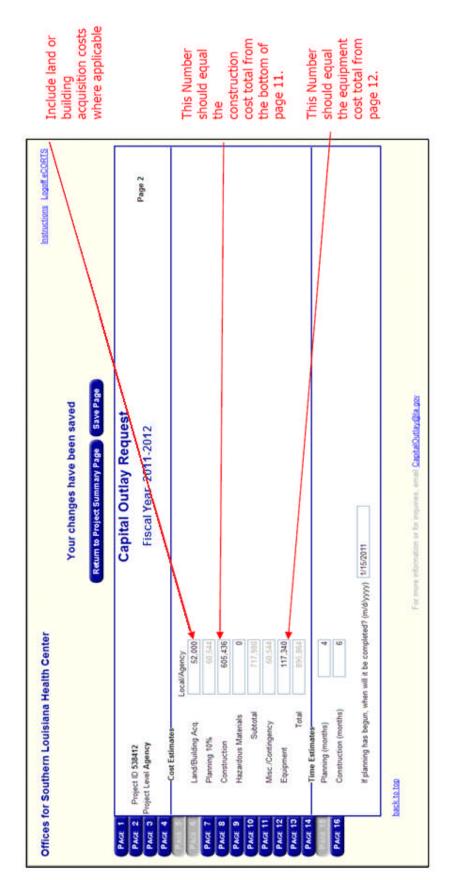
Planning Cost is a fee for professional services for planning/ designing. This figure should be 10% of construction cost. If you know that planning costs are not 10%, the information may be entered into the comment fields located at the bottom of Page 4 in the Comments Field below the Agency Impact Statement. Miscellaneous or incidental expenses not already listed, including insurance, legal fees and testing are calculated as 10% of construction cost. The program will automatically calculate these costs as a percentage of the construction cost.

Equipment:

Enter the dollars you plan to spend capital outlay funds on equipment. The amount you put here must be the same as the total for equipment on page 12 Equipment Costs. If no dollars of capital outlay funds will be used for equipment, please leave the Equipment field on page 2 blank and do not fill out page 12 at all.

Time Estimates:

Please enter an estimated number of months for planning and construction. This is a required field. If you do not have this information yet, or it is not applicable to your project, please enter "1".



Prior Funding

Prior funding refers to prior years actual funding (i.e. cash and lines of credit); and all funding in the current Capital Outlay Act (i.e. cash or lines of credit). The funding source (means of financing), amount, year, act number and bond priority level should be identified. Only prior funding for the project being submitted need be listed. Check off Bond if the project was a General Obligation Bond project.

If your project received an appropriation for General Obligation Bonds in a prior year, but did not receive a line of credit from the State Bond Commission, do not enter that funding under "Prior Funding". Prior Funding is only funding actually committed for the project.

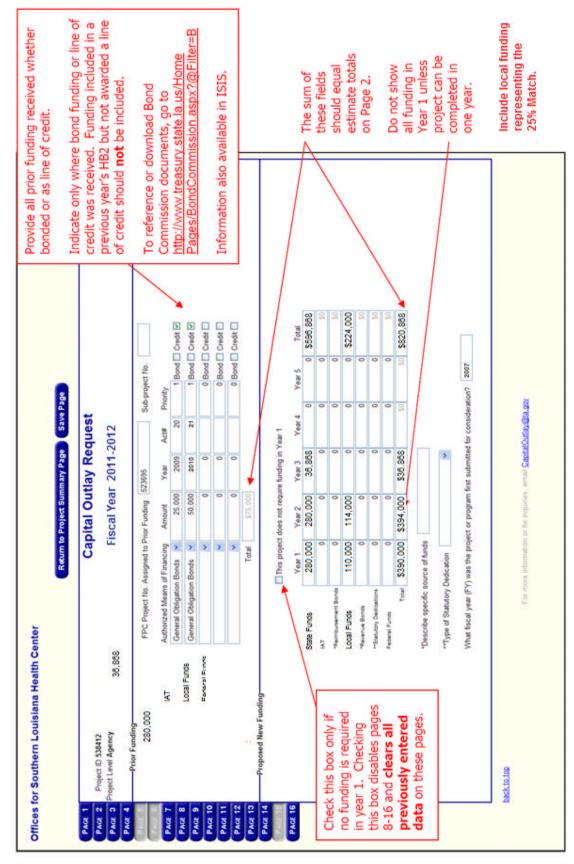
Proposed New Funding

This is where you put how much you are requesting from capital outlay: either new funding or funding that got in a previous year's capital outlay bill and didn't get a line of credit. Proposed new funding refers to the funding required in addition to actual funding in prior years and current year (i.e. cash, bonds sold or lines of credit). Proposed new funding should include current year bond funding which was not granted a line of credit by the October Bond Commission, plus any additional funding you would like to request.

Please make sure you have reflected all project funding on computer page 3. <u>Prior Funding total plus</u> Proposed New Funding total should be equal to the Cost Estimates total on computer page 2.

Funding Sources

- State Funds: Please enter the amount you are <u>CURRENTLY</u> requesting from the state. Bonds or other evidences of indebtedness whose debt service is payable from the Bond Security and Redemption Fund, and for which the full faith and credit of the state is pledged to the repayment; or reallocation/reappropriation of the proceeds from previously sold bonds; or inter-agency transfer; or reallocation/reappropriation of previously appropriated cash.
- 2. **Local Funds**: Any other type of financing not covered in the list of proposed new funding sources, including donations, etc.
- 3. **Reimbursement Bonds (State Departments Only)**: General obligation bonds whose debt service is payable, through a reimbursement agreement, by revenues derived from the operation of the agency for which the bonds or other indebtedness are issued.
- 4. **Fees/Self-Gen Rev (State Departments Only)**: Self-generated cash from revenues derived from the operation of the agency.
- 5. Revenue Bonds (State Departments Only): Bonds whose debt service is payable from revenues derived from the operation of the agency for which the bonds or other evidences of indebtedness are issued. The full faith and credit of the state is not pledged to the repayment of Revenue Bonds.
- 6. **Statutory Dedications (State Departments Only)**: Cash from revenues derived from statutory dedications, awarded, or received for the project. The specific name of the statutory fund should be identified.
- 7. **Federal Funds**: Any federal grant, loan, etc., that has been applied for, awarded, or received for the project.

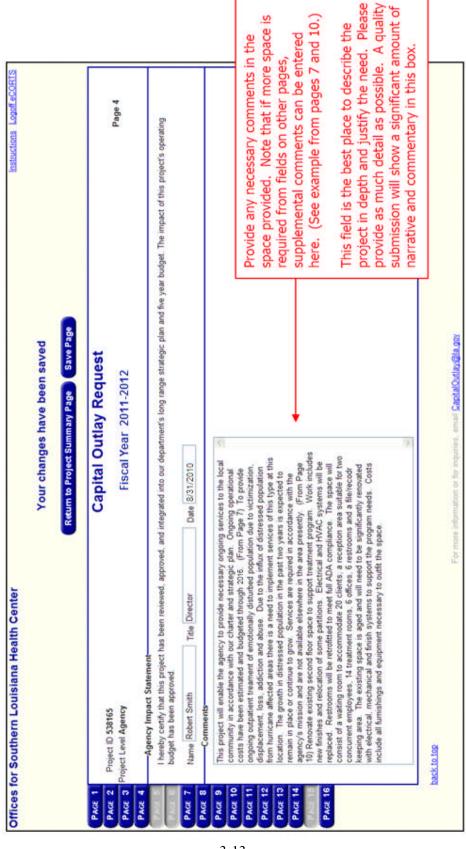


Agency Impact Statement

This statement is a "sign-off" by an appropriate State Department authority or non-state entity. The name, title and date are required fields. It is recommended that you complete this page with information about your project.

The comments field has a variety of functions. You may use this field for a justification of your request. You may also use this field if you run out of room in another field or for any additional information, description, or miscellaneous info you would like to include on the request. In addition, please note discrepancies in funding if there are any in your request. If costs for your project have changed from a previous year's request, please note the difference and reason for increase/decrease. Please note that while you are in eCORTS, the session will time out after approximately twenty (20) minutes, so please save your pages frequently.

This page can be used to list itemized break-out of costs, materials involved, property ownership, timeline for the spending of the funds, etc. Please provide any pertinent information on your request here.



Title, Location

These fields are read-only. Make any changes to them on Page 1.

Description Field

The description needs to be a brief sentence or two describing the project. Please put something different than what you have for the title of the project. This field is not for entering a justification or need for the project, only a description of what the project is in a brief form. Use Comments section on computer page 4 to add additional description information.

Project Type/Facility Type

These are drop down boxes. Please select the fields most applicable for this project. You must select Project Type first, then Facility Type second.

Program Services Description

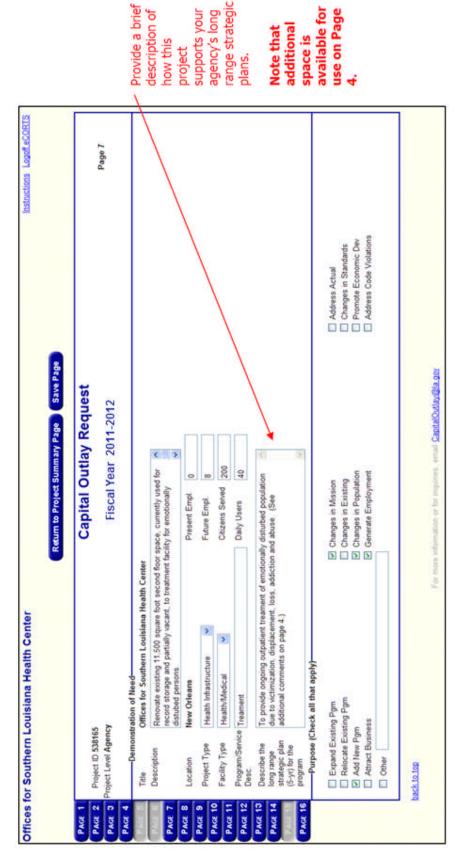
Please enter a brief comment on the service, or program, that will be provided as a result of this project.

Long-Range Strategic Plan

Please enter the project's long-range plan, timeline for the project and/or funding and construction requested timeline. Also give a summary of your agency or organization's strategic plan for the project or program.

Purpose

The purpose field is required. Please check off any that apply to your project.



Applicable Guidelines

"Applicable Guidelines" refers to any mandates that your department or agency must follow to acquire federal funds, grants, etc. that are particular to you. It is not necessary to list NFPA, ADA, etc. in this area because ALL agencies are expected to follow these codes and regulations. For example, if the federal regulatory agencies for correctional facilities require that every inmate has a cell of at least 80 square feet, then this should be listed. This is very important to Corrections, and Facility Planning needs to be aware of this guideline; however, this guideline does not affect any other agency. List the publication and the specific guideline in the blanks provided. If the project is located in an area that has project or other restrictions and/or local or federal requirements, guidelines, etc. please indicate those guidelines.

Preparer's Name, Phone

This field is to enter the name of the feasibility study preparer. If no feasibility study was performed for this project, leave this field blank. In order to enter data into these two fields, you must first click the checkbox above them on the right.

Hazardous Materials

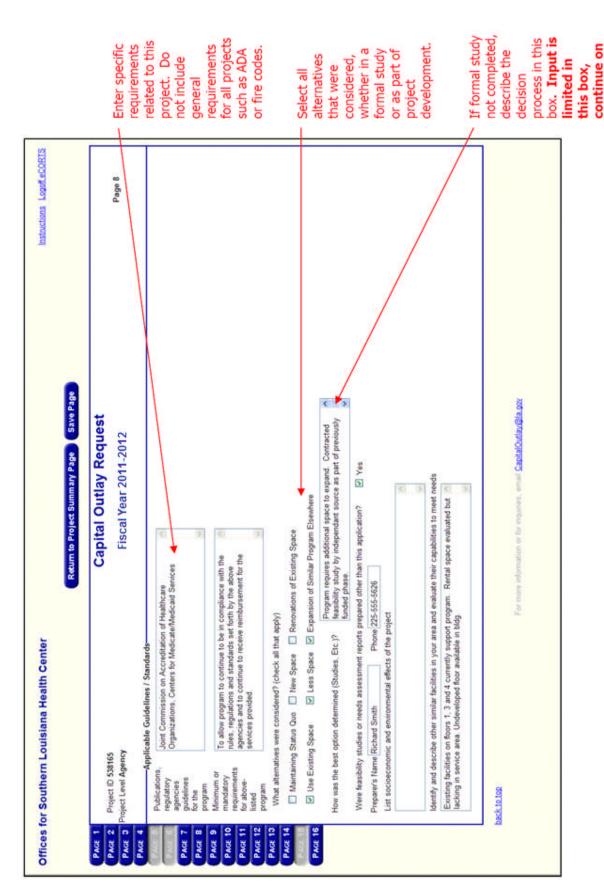
Please indicate if it is suspected or known that any part of the project involves hazardous materials. Also, please indicate if that info is unknown.

Identify and Describe other Similar Facilities in Your Area

This is a required field. Please provide this information relative to this project you are proposing in comparison with other similar projects in the area. If no similar projects exist, please indicate that. Evaluate the comparison facility to the facility you are proposing, provide info on how they would be similar, how they would be different, the age, size, useful life for each if a building is involved, etc.

Requests Endorsed By

These fields are enabled only for non-state entities (Departments 36 or 50).



For more information or for inquiries, email CapitalOutlay@la.gov or call 225-342-0820

necessary.

Page 4 if

Facility Requirements

If your project does not involve renovation or construction of an existing or new building, check "No Space", fill out the Preparer's Name and the current date and save the page. The rest of the information is not applicable. For any construction project involving a building, this information is required to be filled out, in addition to the table on computer page 11. The information from computer page 9 defaults to computer page 11, so complete computer page 9 first.

In the "Facility Requirements" section, the type of space is to be entered. If several areas are the same, each area does not need to be listed individually. For example, if the area is to be "office" space, it is not necessary to list each office separately. Also, file rooms, break areas or other similar spaces can be lumped into the category "Office". The number (#) column is for the number of people to be housed in this space. It is not the number of rooms. Typically, at this point, most agencies have not prepared programs and do not actually know the number of rooms. They should, however, know the number of people that need to be housed. Examples of occupants are employees, clients, students, etc.

If your project does not have space requirements, does not involve renovation or addition to a new or existing building or space, click the checkbox for "No Space" for Space Requirements. Please check "New Space" or "Existing Space" in reference to the proposed building project.

Prepared By/Date Prepared

Whether or not you are required to complete this page, these two fields are required. Put the name of the person who is completing the table on that page and the current date the page is being filled out. If this page is not applicable to your project, enter your name and current date in those fields.

Net Area / Person

Net Area/Person should reflect the area/space needed per person. For example, if the agency requests a classroom to house 30 students at 30 square foot per student, the Net Area Required is 900 square feet. The program will automatically calculate this figure.

Net Area Required

Net area required for each functional space type (number of people x net area per person required).

Total Gross Area

The total gross area equals the product of the total net area times the burden factor ("Burden Factor").

Burden Factor

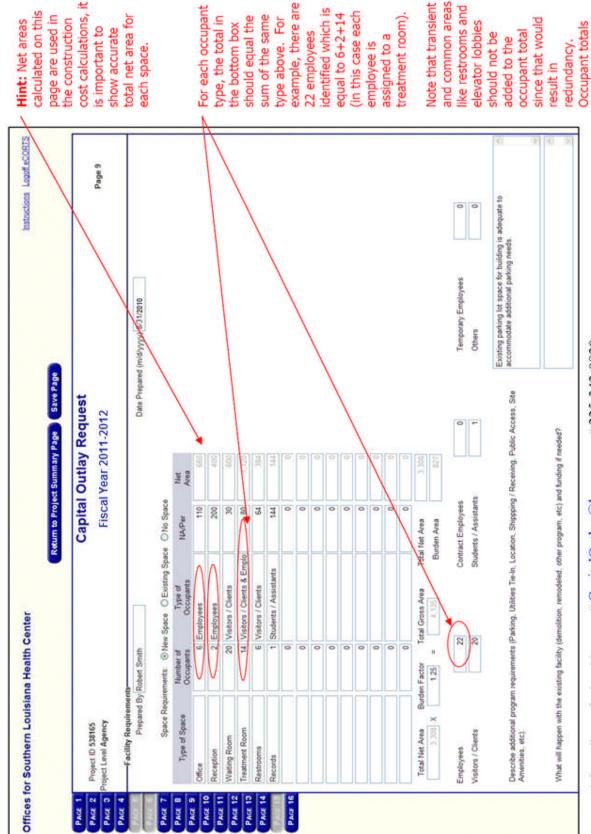
The burden factor is a percentage that is allowed for building support areas such as lobbies, elevators, stairwells, and primary circulation. An efficient burden factor is usually around 20%. More often, the burden is 25-30%.

Burden Area

The burden area is the difference between gross area and net area. The program will calculate this area.

Additional Program Requirements

Additional Program Requirements refers to those areas that are not spaces as such. For example, loading docks, public roadways, utility tie-ins, etc. that are required for the project should be listed here.



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people only once.

should include

Renovation/Addition

If the project is new construction and involves relocation of a program or personnel from an existing facility, please describe what will become of the existing facility. If it is a renovation, please provide a listing of any major renovations that have occurred, such as installation of a new HVAC system. It is not necessary to list minor renovations such as addition of walls, new carpet, etc. To determine whether asbestos is present in the facility, consult the "Asbestos Management Plan" books housed at the site's physical plant or contact Facility Planning at CapitalOutlay@la.gov. Provide the age and condition of the roof and any rooftop equipment in the blanks provided. If your project does not include renovation or addition to a building, some of the fields on this page may not apply to your project. Fill out what is applicable to your project.

Offices for southern Louisiana Health Center					
		PROFESSION CONTINUES AND ADDRESS OF THE PROFESSION AND ADDRESS OF	282.222		
PAGE 1 PAGE 2 Project ID 538165	Capi	Capital Outlay Request	uest	100	
ď	E	Fiscal Year 2011-2012	12	Page 10	
Renovation / Addition Recoverior / Addition PACE 7 Describe the condition of the building and previous renovations	four renorations	The build above grand 4th from 200	The building was constructed in 1982 and consists of four stonies above ground. Renovations have been performed on the 1st, 3rd and 4th floors in 1999, 2002 and 2004 respectively. The roof is from 2001, condition is good overall.	ses surgicial su	Provide a description of the project
PACE 9 PACE 10 Describe the extent of the proposed renovation / addition PACE 11	n / addition	Renovat program partition addition	Renorate existing second floor space to support treatment program. Work includes new finishes and relocation of some partitions. Electrical and HVAC systems will be replaced. (See additional comments on page 4.)	80	scope including the general layout,
PAGE 12 PAGE 13 Describe the focation of occupants during renovation and required funding	oration and required funding	Existing	Existing record storage will remain in place.		systems involved and
What amount of the construction budget addresses modifications required to meet the "Americans with Disabilities Act Accessibility Guidelines (ADAAG)"?	esses modifications required to meet	the "Americans with Disabili	235-	255,000	furnishings
- Hazardous Materials What hazardous materials are addressed in the construction budget?	he construction budget?				Hecessally.
Underground Storage Tanks	□ PCBs	Lead Paint	Asbestos		Note that
Enter the date if site has been surveyed for underground storage tanks.	nderground storage tanks.				additional
Provide contact information if the facility's asbestos management plan was consulted for abatement requirements	vestos management plan was consult	ed for abatement requiremen	nts		space is
Contact Name Robert Smith			Phone		use on Page
Roof What is the current age, condition, and type of the existing roof and anticipated date of replacements?	if the existing roof and anticipated date	e of replacements?			4
Age of Roof (yrs)	100		Good		9
Replacement Date	7/1/2001	Type	45 Mil EPDM		
Describe roof penetrations, equipment, etc.		Exhaust fans, stairwell skylights, du	skylights, du		

This page is required information to show cost break-out for the project. This information is not applicable for equipment-only requests. Otherwise, please use Construction Cost table for space costs and Additional Line Item table for any other itemized costs besides equipment. If your project does not involve a building, the Additional Line Item Expenses table may still be used to enter itemized costs for materials involved in the project.

The total construction cost on page 11 should match the construction cost estimate amount entered on computer page 2. It is recommended that page 9, 11, and 12 be filled out before computer page 2. Computer page 9, 11, and 12 are worksheet pages that help produce figures related to project materials and costs. The figures may then be plugged into the Cost Estimates table so that all figures on the request are consistent.

Special Cost Affecting Factors

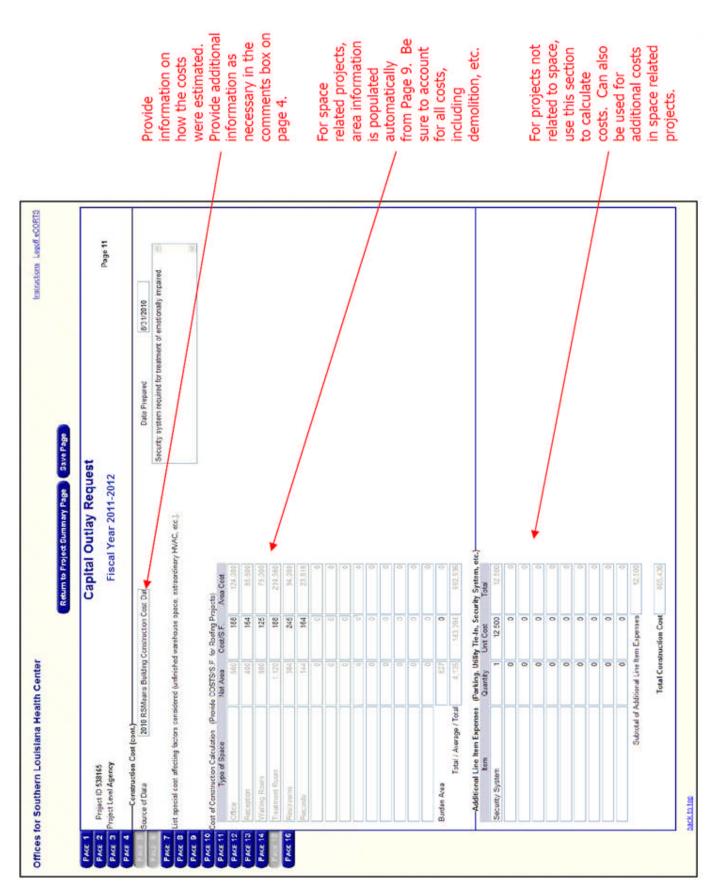
Under Construction Costs, "List Special Cost Affecting Factors" refers to any item or requirement that drives the square foot cost to a level that is higher than standard. For example, a laboratory space will require fume hoods, separate zoning of the HVAC, installation of specialized equipment, etc. These requirements are going to affect the overall cost of the project and should be listed here. In this table, the space types that are similar can be grouped as they were in the "Facility Requirements" section. Each type of space that is a different cost, i.e. warehouse, lab, office, etc. should be grouped separately. Space type and net area will be copied for your convenience from Page 9.

Construction Cost

Cost of construction, renovation, repair, demolition or other work, excluding land acquisition, professional fees, and other costs. This should include the cost of all fixed equipment, such as bathroom fixtures, laboratory and kitchen equipment, etc.

Additional Line Item Expenses

Additional Line Item Expenses such as parking lots, utility tie-ins, etc. should be listed and described. This should be entered as a unit cost (if available) and total cost.

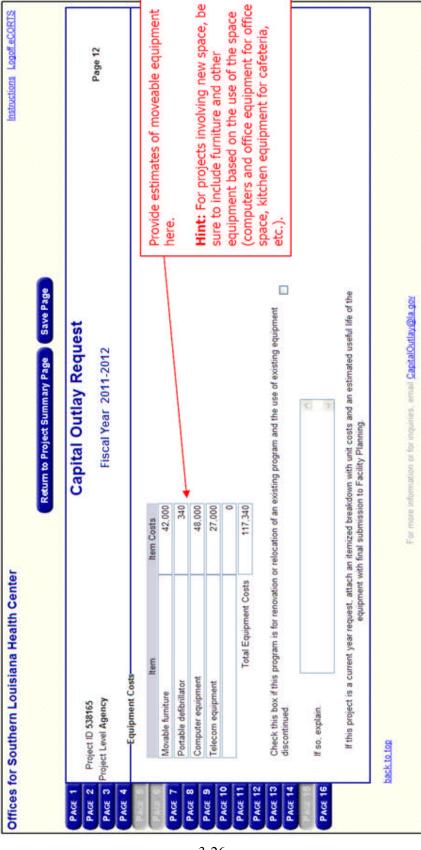


Equipment Costs

Equipment costs are listed as item and total. If this is a first or current year request, an itemized breakdown should be attached on a separate sheet showing unit costs and estimated useful life of the equipment.

If you entered equipment cost data on this page, you must also indicate equipment cost information on Page 2, Cost Estimates, and vice versa. These are corresponding fields.

Please use categories to list equipment proposed for this project and comments section on computer page 4 to give specifics on equipment to be purchased, who will own the equipment, if it is new or used, itemized costs, condition of equipment at purchase, timeline for purchase of equipment, if construction or another aspect of the same project is involved, at what point in the project is the equipment needed, what the useful life of the equipment will be, etc.



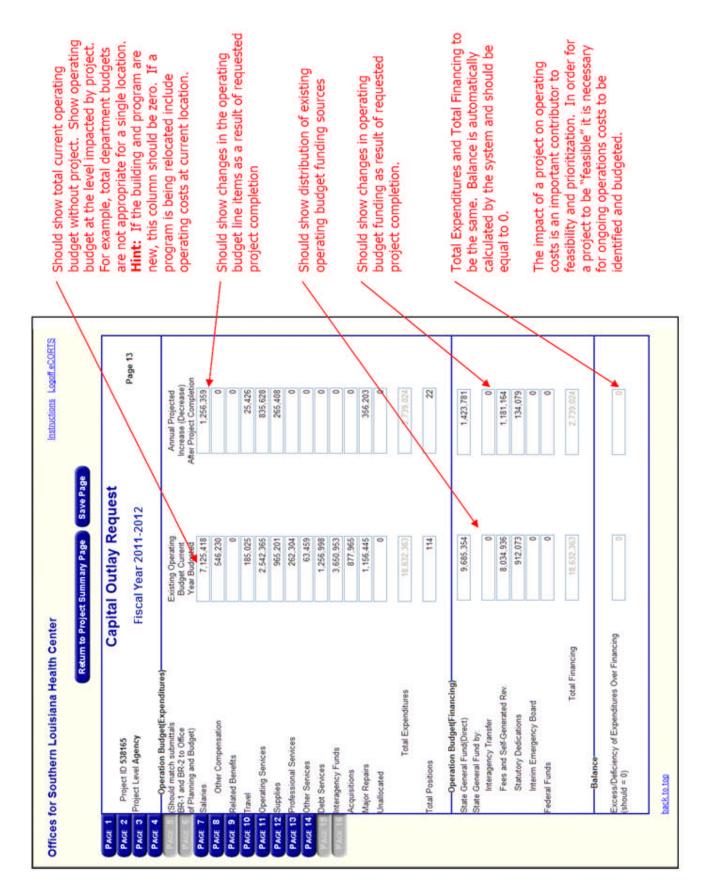
Operating Budget

The Operating Budget section should be used to indicate the increase or decrease in the operating budget as a result of the proposed state agency project. For State agencies, it should match the BR-1 and BR-2 submittals to the Office of Planning & Budget. It is necessary to meet with your Fiscal Officer or Budget Officer to prepare this correctly. It is also necessary to meet with this person so the operational funding will be requested to support the project in the agency's budget submittal. If the project is not feasible from an operations standpoint, your fiscal officer can indicate this at this time. Of course, if this is the scenario, there is no need to submit the request.

The first column of the table shows the current operational funding. The second column indicates the change in required funding due to the proposed project. The top half of the table shows expected expenditures. The bottom half shows the proposed means of financing. The proposed financing should equal the anticipated expenditures. If not, modify your entries so that the table will balance.

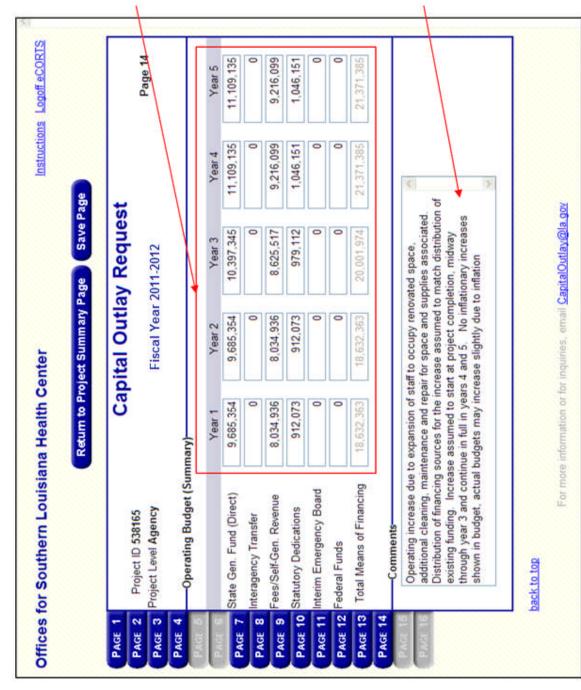
Total Expenditures

This data represents Total Expenditures over the next five (5) years. Since this is a request for operational funds, it may not be necessary to increase your operating budget in the first fiscal year. For example, if a project has 12 months of planning and 18 months of construction, it will probably be three years before any additional operational funds are needed. Therefore, request the additional funds in the third year. Unless a major change is anticipated in the operating budget, we generally increase the funding request by 4% (a typical inflation rate for each following year).



Operating Budget (Summary)

This data represents Total Expenditures over the next five (5) years. Since this is a request for operational funds, it may not be necessary to increase your operating budget in the first fiscal year. For example, if a project has 12 months of planning and 18 months of construction, it will probably be three years before any additional operational funds are needed. Therefore, request the additional funds in the third year. Unless a major change is anticipated in the operating budget, we generally increase the funding request by 4% (a typical inflation rate for each following year).



Operating funds increases

may not be required until

ater years.

with new budget required

as a result of project.

operating funding 5 years

Show projections of

beyond start of project

Use this text box to explain

the reasons for operating

budget increases (or

decreases) and any

assumptions used in the

calculations

Page 15 (Non-State Agencies and Organizations only)

Certification Questionnaire:

One of the key objectives of the eCORTS application is to gauge the extent to which other sources of funding have been seriously considered. As indicated previously, there are several reasons why Capital Outlay might not be the most appropriate means of financing for a particular project, so it is essential for applicants to describe if other sources have been considered, as well as the results of such attempts (if applicable).

As with the other sections of the eCORTS form, failing to complete this page will result in your request being less competitive relative to others'. Thus, it is to your own advantage to provide requested information.

Specifically, non-state agencies and organizations should indicate the current state of their finances, including capital improvement budgets and fund balances in the past three years [Questions 1-3].

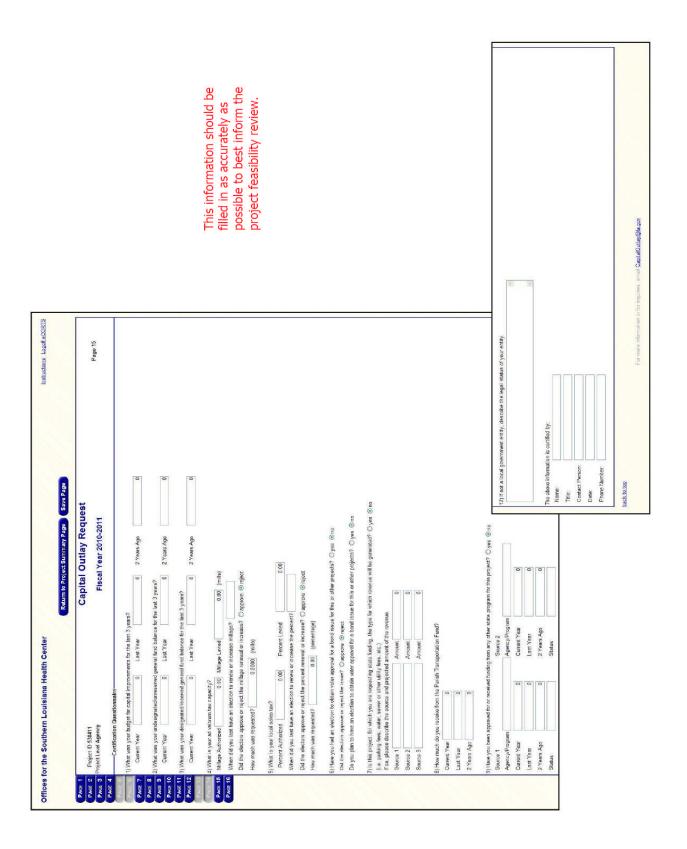
Tax capacities should then be given, showing the current levels of ad valorem and sales taxation, as well as any recent efforts to change such levels [Questions 4-5]. Bond issues should then be addressed [Question 6].

If the project is expected to generate revenues when complete, please describe the source and amount of such anticipated revenues [Question 7].

On a similar note, please show any current or recent funding for this project you have received from:

- The Parish Transportation Fund
- Any other state program (e.g.: Community Development Grant, Local Government Assistance, etc.)
- Any federal program (e.g.: FEMA, HUD, U.S. Army Corps of Engineers, etc.)
- Any private source (e.g.: philanthropy, corporate endowment, etc.) [Questions 8-11]

Lastly, if the agency or organizations is not a local government, please describe its legal status (e.g.: 501(C)(3) nonprofit; community cooperative; for-profit corporation; limited liability partnership, etc.) Please include such details as may help to clarify the issue further, such as your federal tax identification number [Question 12].



Page 16 (Departments of State of LA only)

Instructions for Using The Online Space Utilization:

If you selected "yes" while completing the budget request on Page 9 under Facility Requirements, then you are required to complete a Space Utilization Plan. It will be Page 16 in the eCORTS application.

Space Utilization Plan

R.S. 39:102 requires the Capital Outlay Budget Request to include a space utilization plan for the requesting agency. A space utilization study must be submitted for all project requests that involve construction of new or additional space. It is not necessary to submit a space utilization plan for projects such as Asbestos Abatement, Roof Repairs, Road Repairs, Sewer Improvements, etc.

Guidelines for Completing a Space Utilization Study

Explain how the agency determined that a new facility or addition was required. The purpose of this evaluation is to show a before/after scenario and its relationship to a recognized benchmark or standard. One way of expressing this relationship is to first show all existing usable square footage (s.f.) that is of a similar type. For example, if you are requesting a new laboratory building, all existing laboratory square footage should be shown. Also, any other square footage that could be converted to a lab should be shown, separately. Next, compare the existing space and its usage with any benchmark or standards. The benchmark used should be one that is recognized among most institutions within your industry. The intent of the comparison is to measure the s.f./person, number of beds or number of cells, etc. as it relates to the benchmark. The maximum or peak and average or typical occupancy of the facility should be considered in the evaluation. For areas that are not "occupied", such as a loading dock, consider the equipment and other space requirements.

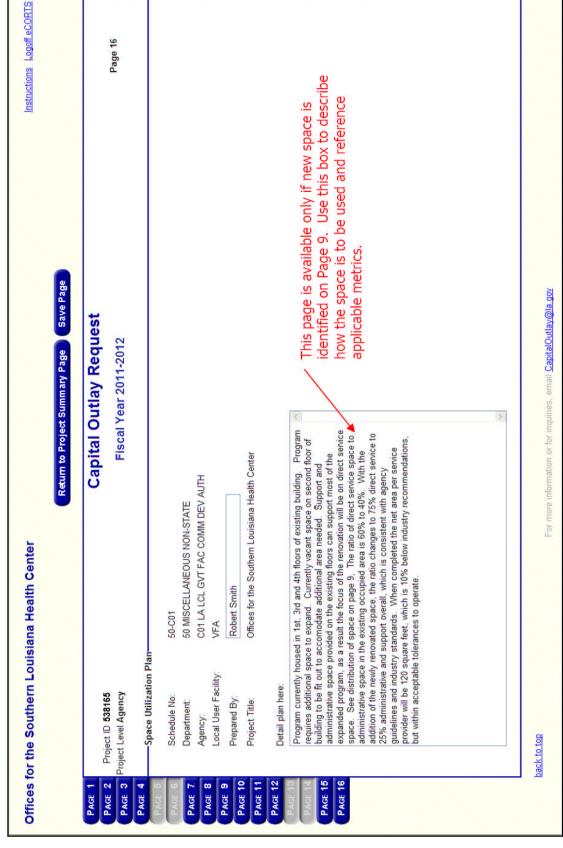
Once total existing usable s.f. has been calculated, add the proposed project s.f. to the existing s.f. and recalculate the s.f./person, etc. and show how the addition of the proposed project affects the relationship you have established with the benchmark. This study of existing space should assist you in the decision to request additional space, renovate, or re-examine the efficiency of your existing facilities. If existing space is determined to be inadequate for conversion or renovation, explain why and what will become of this space. For example, will this space be renovated and fall into another space category? The square footage of this space should be shown and its deletion from the existing space indicated.

All standards, guidelines, and definitions used by the requesting agency shall be submitted for comparison and clarification. The space utilization study shall include gross and usable area as explained below.

Definitions:

Gross Area - This is the sum of the floor areas of all levels of a building which are totally enclosed within the building envelope.

Usable Area - This is the floor area of a facility that can be assigned to occupant groups. Usable area includes the area of interior walls, building columns and projections and secondary circulation. Usable area excludes exterior walls, major vertical penetrations, primary circulation, building core, and building service areas.



eCORTS Help

Need a USER ID?

If you have never used the eCORTS System before, you must first request a USER ID for eCORTS. The link to do this is located on the log in screen for eCORTS. After you submit the request for a USER ID, an email response from Capital Outlay with your USER ID and first time log in instructions will be sent to you within three working days. Please do not call or email Capital Outlay for a status on your USER ID. If you are locked out of eCORTS, please email CapitalOutlay@la.gov to have your USER ID unlocked.

Request Not Printing

You must have Adobe Acrobat on your computer to be able to print the request you have entered. A free download is available on the Adobe Acrobat website. You can link to this site from the eCORTS Home Page www.doa.la.gov/ecorts.

Pages Not Saving

Make sure you are using Internet Explorer 6.0 or a later version for your browser. A free download is available on the Microsoft website. You can link to this site from the eCORTS Home Page www.doa.la.gov/ecorts.